



2021 - 2022 MEDscience Parental Consent and Photo/Video Release Form

Dear Parent/Guardian,

Your child is enrolled in an exciting, innovative hands-on medical science curriculum, (www.hmsmedscience.org) as part of their school program. This program strives to increase science literacy and develop interest in science/health careers. In order to help assess the impact and effectiveness of this program on its participants, we administer both “before” and “after” program surveys to assess the quality of our program. We also collect, analyze and showcase the outcomes of these programs in various formats. These outcomes are shared with the public, the Harvard Medical School community, our funding agencies, researchers who study our program outcomes, and other interested parties who support our program. All student information collected for the purpose of program assessment will be analyzed confidentially and all video will use first names only.

Each student **must** return this signed form in order to attend the class at Harvard Medical School.

The HMS MEDscience team

I give consent for the student listed below to participate in the Harvard Medical School MEDscience program for the 2021-2022 school year including weekly field trips to Harvard Medical Schools as well as other affiliated medical institutions in the Longwood area. I understand that I may be asked to sign additional forms required by specific sites as a condition to my student being permitted to access these sites with the class. I also understand that as part of the program, my student will be asked to participate in a quick online survey both before and after the program to assess his/her interest in science, this program, and their career aspirations.

I hereby authorize President and Fellows of Harvard College, acting through Harvard Medical School and anyone Harvard may designate, to photograph, film and otherwise make video or audio recordings of the student (collectively, the “Images and Recordings”) in connection with his/her participation in activities at Harvard during the time in which he/she is enrolled as a student.

I hereby agree that Harvard will have the irrevocable, worldwide right to make, copy, edit, publish, distribute, show, broadcast, display and otherwise use and make available the Images and Recordings and any works that may be derived from them, by any means and in any media now existing or hereafter invented for any educational, research or Harvard-related purpose, including but not limited to the promotion of the Harvard Medical School and other Harvard programs, and to authorize others to do the same. I understand and agree that such use of the Images and Recordings may include the use of my student’s first name and other non-confidential biographical information, such as program or year. I acknowledge that Harvard may choose not to use the Images and Recordings at this time, but may do so at its own discretion at a later date.

I hereby release Harvard and its officers, agents, employees and members of its governing boards from any and all claims which I may have at any time for invasion of privacy, defamation or other injury to reputation, violation of rights of publicity, or any other claim of any kind arising out of the use of the Images and Recordings.



I understand and agree that I will not receive any royalties or other payment in connection with the Images and Recordings or for granting this release. I have read this release and fully understand its contents. This release is signed as a document under seal governed by the laws of the Commonwealth of Massachusetts.

I give consent for quoted statements given by my student, audio, video, electronic images, or photographs to be used for purposes of news stories or other public media and research analysis with possible identification by full name.

I give consent for follow up contact with myself and my student using student and parent/guardian contact information for the purpose of learning how students are progressing with their academics and future careers.

I further hereby, on behalf of myself, the student, and anyone claiming through myself or the student do FOREVER RELEASE the President and Fellows of Harvard College, it's trustees, officers, members of its governing boards, employees, volunteers, students, agents, and assigns (collectively, "Harvard") , and MASCO from any cause of actions, claims, or demands of any nature whatsoever, including but not limited to a claim of negligence which I, the student, or anyone claiming through myself or the student, may now or in the future have against Harvard on account of personal injury, bodily injury, property damage, death or accident of any kind, arising out of or in any way related to the student's participation in the program, howsoever the injury is caused.

☐ **I /We consent to the above items.**

Please Print Student Name:

Please Print Parent / Guardian Name:

Parent/Guardian email address: _____

Parent/Guardian phone number: _____

Parent/Guardian Signature:

Date _____